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ABSTRACT

As any parent knows, anger towards children is a natural occurrence of parenting. Since it is important to identify and address some of the emotional issues that underlie child abuse, the role of anger in parenting and in child maltreatment is covered in this paper. An ecological analysis of parental anger is presented, with special emphasis on environmental determinants, such as employment and financial situations, the family environment, and individual factors. The link between parental anger and child physical abuse is presented next, along with a discussion of the parallels between frustration and anger. Since parental anger responses may follow or be intensified by child behavior problems, anger specifically related to child behavior should be an assessment priority. Several assessment instruments are profiled. It is suggested that researchers and clinicians should look more at social cognition and its interplay with emotional arousal, regulation, and interpretation of situations in order to lessen the incidence of physical abuse. Contains 23 references. (RJM)

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RUNNING HEAD: Parental Anger towards Children

Parental Anger towards Children: Assessment Issues in Child Maltreatment

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Parental Anger towards Children: Assessment Issues in Child Maltreatment

As any parent knows, anger towards children is a natural occurrence of parenting. Anger can be an inherent part of a parent's style, or can arise as a result of the incongruence between their expectations and the reality of parenting. Newberger and Cook (1983) suggest that maltreating parents have less appreciation and awareness of children's needs, or else these needs conflict with the parents' goals, thus resulting in anger towards the child or the parenting role. In addition, children do become difficult and oppositional at times, especially during certain developmental periods. Some children are particularly difficult (e.g., those with ADHD and conduct problems, or children who are developmentally delayed), and regularly engage in behaviors which often are identified as frustrating by parents.

Parental discipline efforts and failure to control their anger are often precursors to child physical abuse. Abusive parents may exhibit emotional and physiological arousal more readily and react more negatively to a wider variety of child behaviors than nonabusive parents. Anger problems may be exacerbated by limited anger control skills, including inability to recognize physiological and cognitive cues of anger arousal. These parents also may misinterpret many of their children's actions, attributing hostile intentions to normal child behaviors. Because parental anger responses may follow or be intensified by child behavior problems, anger specifically related to child care situations should be an assessment priority. This paper will examine *the role of anger in parenting and in child maltreatment*. An *ecological analysis of parental anger* will be briefly examined. The need for *multiple methods of anger assessment* will be emphasized, and specific examples of measures will be described. The paper will conclude with a summary of *future directions for research and clinical intervention*.

An Ecological Analysis of Parental Anger Toward Children

Parental anger toward children is determined by multiple factors. An ecological perspective which takes into account individual factors as well as broader external factors such as the family and community environments can be very useful for analyzing the potential contributors to parental anger. Although the state of the research in this field leaves many gaps, we can begin to draw some conclusions.

This ecological analysis is being prepared for a paper we have in progress. The ecological model is intended as a supplement, not a replacement, of the various models of maltreatment proposed by other authors. It addresses one specific dimension in the physical abuse cycle (i.e., anger), while other models address anger and other factors as they related to the occurrence of physical abuse.

Environmental Determinants

Environmental determinants such as employment and financial situations, as well as neighborhood factors may contribute to the expression of anger. In poverty-stricken neighborhoods, families tend to be more isolated. They aren't able to see how other parents deal with stressors, and appropriate child-rearing techniques aren't modeled. In violent neighborhoods, anger and violence are in fact encouraged and reinforced. Many other stressors, such as living in impoverished conditions and being surrounded by violence and crime often deplete parents' personal resources, leaving them very little energy to appropriately handle their children. The literature also suggests that external stressors and parental responses to stressors are fundamental determinants of child abuse (cf. Straus, 1979; Vasta, 1982; Wolfe, 1988). Situational stress has been shown to be related to punitiveness toward children.

Family Environment

The family environment is another important component. When families experience financial stress (e.g., loss of job, unexpected bills, etc.), the parents often are under a lot of pressure and are more prone to misunderstand their children and have less patience. Marital discord may also contribute, and anger can be displaced onto the child. In some cases, a parent may perceive that a child has "sided" with the other parent, or the child may resemble the partner in appearance or behavior, thus becoming a target for hostility and anger. In addition, the marital partner who has less power may feel the need to assert some control over the children, thereby resulting in expressions of misplaced anger. In other cases, it may be that the child does frequently misbehave, and parental anger may be the appropriate response. However, due to some of the factors previously discussed and some internal characteristics of the parent which will be addressed next, the expression of this anger may be inappropriate or abusive.

Individual Factors

Many individual factors may also lead to the expression of anger. Almost all types of psychopathology involve difficulty with the interpretation and expression of emotions. Anger and irritability are symptoms of several major disorders, such as depression, mania, and schizophrenia. Often people with substance abuse problems turn to drugs or alcohol because they are unable to regulate their negative emotions. Consequently, the drugs and alcohol impair their judgement and reasoning skills, which can lead to misattributions and anger.

Hypotheses about the intergenerational transmission of abuse suggest that parents with a history of maltreatment are likely to respond in similar ways with their own children and are less likely to have had appropriate responses modeled for them. These parents may have skills deficits, and be unable to decrease their levels of arousal and frustration. In addition, some

abusive parents have been seen to become more physiologically aroused, or to be aroused by benign events, thus adding to their regulation problems. Other parents may not know how to effectively implement child management techniques, such as time-out or selective ignoring, which can shape children's behavior without bringing the parents' emotions to the situation. Abusive parents' inability to effectively control child behavior may lead to coercive cycles (i.e., negative reinforcement traps), involving increases in both the parent's use of aversive control techniques and in child noncompliance and coercive behaviors (Burgess & Richardson, 1984; Patterson, 1982). Other parents may not know much about normal child development, and may have expectations for their children that are unrealistic. This discrepancy may again lead to anger. In addition, certain people may also be prone to perceiving hostile intent. Their perceptions and interpretations of the environment may focus on the negative, thus leading them to aggressive and hostile behavioral choices.

The Link Between Parental Anger and Child Physical Abuse

Some of these ideas presented deserve further discussion to illustrate how these components may lead to violence. As discussed earlier, ineffective coping with anger arousal has been associated with child abuse (Vasta, 1982). Heightened frustration increases the probability of an aggressive response (Kelly, 1983). Frustration is an integral part of parenting, in which child noncompliance, aggression, and oppositional behavior are natural occurrences. (Ammerman, 1990, p. 244). Although frustration is not anger, there are many similar components, especially the arousal component, and frustration often can lead to an angry response. Frustration can be intensified if the child is especially difficult to handle and/or when the parent lacks adequate child management skills or coping strategies. Furthermore, abusive parents typically do not intervene

child's behavior and increasing the level of parental frustration (Wolfe et al., 1983). If the parents also experience emotional and physiological arousal more readily than most, they will react negatively to a wider variety of child behaviors (aggressive as well as positive) than their nonabusive counterparts (Frodi, 1981).

Another important connection between parental anger and subsequent abuse has been conceptualized in Milner's (1993) Social Information Processing Model. This theory is based on the assumption that these parents have preexisting cognitive schemas including beliefs and values that impact the way they perceive, evaluate, integrate, and act on child-specific information. In addition, the emotional arousal of the individual may also influence what they perceive and how they interpret it, and make parents susceptible to even more biases and errors.

There are four stages to this model (Milner, 1993). In the first stage, Perceptions of Social Behavior, misperceptions of child behavior can occur when the adults narrow their focus to only one part of the situation. This selective attention may be a result of predispositions or existing schemas found in abusive parents, or could be due to the increased arousal and distress that maltreating parents report with respect to child behavior, thereby reducing the accuracy of their perceptions.

The second stage, Interpretations, Evaluations, & Expectations, involves the parents' interpretations and understanding of the child's behavior, and attributions of a hostile intent may contirbute to parental aggression. In the third stage, Information Integration and Response Selection, parents must use the information they have obtained to choose a response. Again, predispositions and biases, as well as selective attention will limit their choices. Maltreating parents are less likely to use situational information in their evaluation of child behavior. They

have been encoded and interpreted correctly, the parents are ignoring it. This can serve to let parents maintain explanations of child behavior that are consistent with their own distortions which are related to their preference for power-assertive behaviors.

Lastly, the Response Implementation and Monitoring phase requires the parent to properly implement a parenting skill, monitor it's effectiveness, and modify the approach as needed. Often, maltreating parents are unable to shift strategies, and their reliance on one technique, usually aggressive, contributes to the coercive cycle.

Implications for Assessment

Because parental anger responses may follow or be intensified by child behavior problems, anger specifically related to child behavior should be an assessment priority. Throughout the assessment process, a functional analytic perspective is essential to conducting a thorough treatment-relevant assessment (Hansen & MacMillan, 1990; Hansen & Warner, 1992). Clinical interviewing is a critical component of the assessment process and functional analysis, as it provides an essential procedure for identifying circumstances around maltreatment, assessing risk, and identifying targets for intervention. The need for multiple methods of anger assessment should be emphasized.

The Parental Anger Inventory

The Parental Anger Inventory (PAI) (DeRoma & Hansen, 1994; MacMillan, Olson, & Hansen, 1987) was developed to assess anger experienced by maltreating parents in response to child misbehavior and other child-related situations (see Appendix A). The development of the PAI was conducted in a number of phases to select items and demonstrate the reliability and validity of the scale (DeRoma & Hansen, 1994; MacMillan, Olson, Hansen, 1987). Parents rate

nonproblematic and rate the degree of anger evoked by each situation. High item-total, split-half, and test-retest correlations support the internal consistency and temporal stability of the measure. Moderate correlations with other measures of child problems and global stress also represent a psychometric strength of this measure. Comparison data based on a "normative" sample of 166 parents facilitates the utility of this measure for evaluation purposes (DeRoma & Hansen, 1994).

This measure may be helpful in identifying target child behaviors which trigger anger and aggression in maltreating as well as nonmaltreating populations. Research is currently underway to further evaluate the psychometric properties of the inventory.

Home Simulation Assessment

Assessment of abusive parents in high-demand child-management situations is particularly important, given the connection between parental discipline efforts and physically-abusive behavior (MacMillan et al., 1991). Parenting skills may only be mastered during low-demand clinic assessments, but not rehearsed in high-arousal situations which are more representative of the parent's natural environment. Because directly observing actual discipline is often difficult, an assessment utilizing and adult actor to present deviant child behavior was developed for a treatment project (MacMillan, Olson, & Hansen, 1991). The Home Simulation Assessment (HSA) measures parent ability to apply child management skills in realistic problem situations that may occur in the home (see Appendix B). Parents are provided with instructions about tasks (e.g., dry the dishes) and asked to do their best at prompting the actor to complete the tasks. "Deviant" scripted behaviors are exhibited by the actor. This assessment was realistic enough that one parent actually hit one of the actors in frustration. A high-deviance segment of the HSA can be utilized to examine anger and stress responses to child behaviors. The high-deviance

assessment uses an additional actor and increases the frequency of deviant actor behaviors. Parent self-report ratings of stress, anger, and anxiousness are also collected.

Parental Problem Solving Measure

Inability to solve problems related to parenting and other aspects of daily living is hypothesized to result in frustration and possibly could lead to problematic parental behavior such as physical abuse or neglect (Hansen et al., 1995). The Parental Problem-Solving Measure (PPSM; Hansen et al., 1989; Hansen et al., 1995) measures problem-solving skills for child-related as well as non-child-related areas (see Appendix C). Problem situations for the PPSM are classified into one of five problem areas: (a) child behavior and child management; (b) anger and stress control; (c) finances; (d) child care resources; and (e) interpersonal problems. Responses are rated for the number of solutions generated and the effectiveness of the chosen solution. The most recent study of the 15-item PPSM (Hansen et al., 1995) demonstrated the reliability and validity of the PPSM and its five subscales (child behavior, interpersonal, anger/stress, financial, and child care problems), including differentiating maltreating from nonmaltreating parents.

Other Assessments

Some paper-and-pencil self-report supplemental measures of adult anger may also be useful, such as the State-Trait Anger Scale (STAS; Spielberger, Jacobs, Russel, & Crane, 1983) or the Multidimensional Anger Inventory (Siegel, 1986) or the Novaco Anger Control Scale (Novaco, 1975). One potential disadvantage of utilizing self-report ratings of negative affect with maltreating parents, however, is that these parents might under-report negative responses in an attempt to create a favorable impression of themselves. Investigations of arousal responses exhibited by abusive parents have utilized physiological assessment techniques to record arousal (Frodi & Lamb, 1980; Wolfe, Fairbank, Kelly, & Bradlyn, 1983). The degree of physiological

arousal experienced in response to these stimuli can serve as a measure that compliments parent-reported arousal. Discrepancies in physiological recordings and parent report can be used to teach parents to attend to physiological cues of arousal.

Future Directions for Research and Clinical Intervention

In conclusion, it is important to address and identify some of the emotional issues that underly child abuse, and go beyond relying soley on behavior modification. Specifically, researchers and clinicians should look more at social cognition and it's interplay with emotional arousal, regulation, and interpretation of situations. More literature is needed that addresses anger as a natural occurance of parenting, so that differences between normative and extreme samples can be seen in the hopes of understanding more about how anger contributes to the expression of physical abuse. Thus, there is a need for the refinement and development of measures that specifically address parental anger towards children, and the incorporation of anger issues into treatment approaches.

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Appendix A

Parental Anger Inventory Sample Items
(DeRoma & Hansen, 1994; MacMillan, Olson, & Hansen, 1988)

Has this situation been a problem for you in the last month?

Y = Yes **N = No**

How angry does this situation make you?

1 = not at all **2 = a little bit** **3 = somewhat** **4 = quite a bit** **5 = extremely**

Problem?		How Much?
_____	Your child does something you asked him/her not to do.	_____
_____	Your child screams and yells at his/her brothers and/or sisters.	_____
_____	Your child bothers you when you are busy working or talking.	_____
_____	Your child breaks things on purpose.	_____
_____	Your child uses curse words when s/he talks to you.	_____
_____	Your child demands something immediately.	_____
_____	Your child runs into the street.	_____

Appendix B

Home Simulation Assessment Sample Items
(MacMillan, Olson, & Hansen, 1991)

Scenarios:

morning routine; mealtime; preparing for bed; preparing for a shopping trip; returning home after school; watching television; problems when a guest is present; cleaning up a mess; helping with housework

Deviant Response Examples (exhibited by actors):

verbal refusals, such as **"Why do I have to?" "You can't make me." "No. I don't want to."**

more deviant responses, such as **foul language, physical aggression, tantrum behavior**

problems during Timeout, such as **escape from timeout, sequence of angry verbalizations (e.g., "I didn't do anything wrong!" "Can I get up now?" "You can't make me sit here")**

Parent Behaviors Coded (examples):

command; incorrect command effort; praise; ignore; attend; warning; correct and incorrect implementation of Timeout

Parent Arousal Ratings:

levels of anger, stress, and anxiety experienced during the assessments

Appendix C

Parental Problem Solving Measure Sample Items

(Hansen, Pallota, Christopher, Conaway, & Lundquist, 1995; Hansen, Pallota, Tishelman, Conaway, & MacMillan, 1989)

Instructions (abbreviated):

1. Tell me ALL of the ways in which you COULD solve the problem.
2. Tell me what solution you WOULD try if you were in that situation.
3. Tell me EXACTLY how you would carry out that solution.

Sample Problems:

You have had a very stressful, difficult day at work. Your spouse won't be home this evening. You can't seem to calm down and you know it will be difficult to deal with the children this evening.

Your children have been cranky and misbehaving all day. You are upset and feel like you are "going crazy."

Scoring (abbreviated):

Number of solutions = frequency count of solutions generated

Effectiveness of solutions:

1----------2----------3----------4----------5----------6----------7

very ineffective **ineffective** **effective** **very effective**

ineffective **effective**